## UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency Oregon State FSA Office Tualatin, Oregon 97062

**OR NOTICE PM - 404** 

FOR: COUNTY OFFICES

## **Leave Transfer Recipient**

**APPROVED BY:** State Executive Director

LEF:mac

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**Purpose** 

**James Huffman, Program Technician in Malheur County** in Oregon is approved to receive annual leave donations under the Leave Transfer Program.

Larry C. Frey

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Information

James will be exhausting all of his annual and sick leave in PP-11. Any leave donations would be greatly appreciated.

James describes his medical emergency as follows:

A diagnosis of ITP (low platelets) followed by two surgeries within a three week period. Numerous doctor appointments accounted for five hospital stays. A stroke in October required an extended stay in the hospital followed by extensive rehabilitation. The doctor has not released him to work full time due to job stress.

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Action

Non-federal county office employees wishing to donate annual leave should:

- Complete the attached AD-1043, Leave Donor Application, specifying the number of annual leave hours to be transferred to the recipient. (must be in one-hour increments).
- Sign and date AD-1043
  - Mail or fax (503) 692 8139 AD-1043 to:
    USDA, FSA OR State Office
    7620 SW Mohawk
    Tualatin, Oregon 97062

<b>DISPOSAL</b> October 1, 2001	DISTRIBUTION FSA County Offices,
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**Page 1** 

FOR PERSONNEL USE ONLY: **CASE NUMBER** 

AD-1043 - LEAVE TRANSFER PROGRAM - DONOR APPLICATION			0R-41-045-001		
<b>INSTRUCTIONS:</b> Use this form to request the tra your immediate supervisor. After completion, forward				You may not transfer l	eave to
	PART I - COMPLETED BY				
NAME OF DONOR (Last, First, Middle Initial)		2. POSITION TITLE			
3. SOCIAL SECURITY NUMBER	4. SERIES, GRADE, OR PAY LEVEL	5. ORGANIZATIONAL	TITLE (Agency, D	ivision, Branch Section)	
6. OFFICE ADDRESS	_I		7. OFFICE TELE	EPHONE NO.	
8. NAME OF TIMEKEEPER	9. TELEPHONE NO. OF TIMEKEEPER	10. OFFICE ADDRESS	OF TIMEKEEPER	₹	
INSTRUCTIONS: Please review the information be waiver is approved. To request a waiver, you mus	below. You may not transfer more than 1/st attach a statement as to why your situati	2 of the annual leave yo on is unusual.	u will earn during	g this calendar year ur	iless a
If you will be employed full-time by the federal gove	• •				
• 52 hours for employees in the 4-hour lea	ve earning category.				
78 hours for employees in the 6-hour lea	ve earning category, or				
104 hours for employees in the 8-hour le	ave earning category.				
If you are a part-time employee or if you will not be	employed for the full calendar year, you	may compute your trans	fer limit using the	e appropriate formula b	pelow:
• Limit for part-time employee = <b>13 X</b>	Duty hours in Pay Per	iod X	leave earning	category	
	80				
Limit for part-year employee =	Number of Pay Periods to b	e worked X	leave earning	category	
11. NUMBER OF HOURS OF ANNUAL	12. NAME OF RECIPIENT	13. CASE NU	IMBER	14. SOCIAL SECURIT	Y NUMBER
LEAVE TO BE TRANSFERRED			OF RECIPIENT (if know		
15. ORGANIZATIONAL LOCATION OF RECIPIENT (A			ADDRESS OF RE	CIPIENT	
USDA, FARM SERVICE AGEN		i		ONTARIO, OR	97914
17. NAME OF LEAVE SHARE COORDINATOR	18. TELEPHONE NO. OF LEAVE SHARE COORDINATOR			AVE SHARE COORDIN	
MARJORIE ANN CROOKER	V-503 692-1973 Ext.		MOHAWK	97062	
to coerce me to donate annual leave. I understan emergency of my own) to have any of the donate	<b>TION:</b> I certify that I am making this do that except for any leave unused by the	nation entirely of my ow	n free will and th	at no attempts have b	
SIGNATURE OF DONOR				DATE	
	PART II - AGENCY REVIEW A	ND APPROVAL			
1. CURRENT ANNUAL LEAVE BALANCE (in hours)	AS OF PAY PERIOD NUMBER		EAVE CATEGOR	RY PER PAY PERIOD	
APPLICATION APPROVED:					
YES (This application meets all crite	ria required for annual leave transfer by la		rtment policy.		
i ransferred leave may be cred	ited to the recipient's account effective Pa	ay Perioa Number):			
NO (state reason for disapproval):					

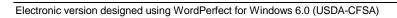
## PRIVACY ACT STATEMENT

TITLE

SIGNATURE OF APPROVING OR DISAPPROVING OFFICIAL

§ U.S.C. 6311 authorizes collection of this information. Your social security number is requested solely for the purpose of positively identifying leave donors so that donated leave can be deducted from the proper account. Although the disclosure of this information is voluntary, failure to furnish this information may result in disapproval of this application.

OFFICE TELEPHONE NO. DATE



AD-1043 (Rev. 4/89)